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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	00000000
	Filing Date	02/15/2006
	First Named Inventor	Eran Peled
	Art Unit	2600
	Examiner Name	Cheryl D. Dwyer
	Attorney Docket Number	PC-2005

I hereby revoke all previous powers of attorney given in the above identified application.

☐ I, the Power of Attorney as stipulated herein.

OR

☒ I hereby assign the practitioners associated with the Customer Number: 33,757

☒ Please change the correspondence address for the above identified application to:

☒ The address associated with Customer Number: 33,757

OR

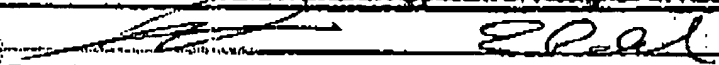
<input type="checkbox"/> Attorney Assigned Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

☒ Applicant/Inventor

☐ Assignee of record of my entire interest. See 37 CFR 2.71. The interest of my entire interest is assigned. (Form PTO-8500)

SIGNATURE of Applicant or Assignee of Record

Signature: 

Name: Eran Peled

Date: February 15, 2006

Telephone: 972-3-516-3962

BEST AVAILABLE COPY